# INSTRUCTIONS FOR POVERTY EXEMPTION City of Lansing

The Application for One Year Poverty Exemption is in keeping with the requirements of the State of Michigan with regard to poverty exemptions. **Please read these instructions carefully.** To be considered for a poverty exemption, the following information must be provided.

#### 1. COMPLETE ALL SECTIONS OF THIS APPLICATION.

- 2. Submit a <u>completed and signed copy</u> of the following:
  - -2012 Michigan Homestead Property Tax Credit Claim (MI 1040 CR).
  - -2012 Federal income Tax Return (1040), if you are required to file federal income tax.
  - -2012 Federal Income Tax Return (1040) for all other occupants of your household.
  - -Income verification
  - -Copy of driver license
  - -Copy of deed
- 3. **All occupants** of the household must provide income verification from all sources. Household is defined as, "A number of related or unrelated persons who live in one housing unit; all the persons occupying a group of rooms or a single room that constitutes one housing unit. A single person, a couple, or more than one family living in a single housing unit may make up a household." Appraisal Institute. *The Appraisal of Real Estate*. Twelfth Edition. Chicago. 2001. pg. 139.
- 4. The application must be legible. If you need to provide additional information, please attach a separate sheet do not write in the margins of the application.
- 5. Do not submit originals of supporting documentation as we must keep these for our records and cannot return them.
- 6. If the application is incomplete or you do not include copies of the required financial documents, it may be considered ineligible for a poverty exemption.

RETURN THE APPLICATION AND REQUIRED DOCUMENTATION BY March 7, 2013 TO ALLOW TIME FOR PROCESSING AND REVIEW BEFORE BEING SUBMITTED TO THE 2013 MARCH BOARD OF REVIEW, WHICH LAST SCHEDULED MEETING IS ON THURSDAY MARCH 14, 2013.

FOR CONSIDERATION OF THE POVERTY EXEMPTION AT JULY 2013 BOARD OF REVIEW, ALL COMPLETED FORMS AND SUPPORTING DOCUMENTATION SHALL BE SUBMITTED TO ASSESSORS OFFICE NO LATER THAN JULY 2RD.

FOR CONSIDERATION OF THE POVERTY EXEMPTION AT DECEMBER 2013 BOARD OF REVIEW, ALL COMPLETED FORMS AND SUPPORTING DOCUMENTATION SHALL BE SUBMITTED TO ASSESSORS OFFICE NO LATER THAN DECEMBER 2RD.

Filing of this form is necessary to determine if you qualify for a Homestead Hardship exemption. The following questions are necessary in order to determine poverty status and asset status. You are required to answer each question. If you do not answer each question, sufficient information will not be available to grant an exemption.

## CITY OF LANSING HOMESTEAD POVERTY APPLICATION

I	, the owner and occupant of
211.	property listed below, am applying for tax relief under MCL 7u of the General Property Tax Act, which states that the
	stead of persons who, in the judgment of the Assessor and
	Board of Review, by reason of poverty, are unable to ribute to the public charges is eligible for exemption in
	e or part from taxation under Public Act 390, 1994.
Parc	el Number:
Prop	erty Address:
1.	Attached federal and state income tax return for all persons residing in the household, including any property tax credit returns filed in the immediately preceding year or in the current year. YES or NO
2.	Attached copy of valid drivers license. YES or NO
3.	Attached copy of deed, land contract, or other evidence of ownership of the property for which the exemption is requested. YES or NO
4.	Do you meet the federal poverty income standards as defined and determined annually by the United States Office of Management and Budget. YES or NO (See attachment A)
5.	State Equalized Value of property for which the exemption is requested is The average true cash value of all homestead properties in the city, based on the previous year's values is
6.	Phone ( )
7	Marital Status:

8.	Age of Applicant:Age of Spouse:									
9.	Number of Dependents/Occupants Age of Dependents/Occupants									
10.	Have you applied for a Principal Residence Exemption from some school operating expense (18 mills). YES or NO									
11. 12.	Have you applied for Homestead Property Tax Credit this Year?  YES or NO  How much was your Property Tax Credit?									
13.	Name of Mort	Is home paid for gage Company	<del>-</del>							
14.	How long hav	e you lived at thi	s residence?							
15.	Do you own, If so, list	or are you buying below:	other property? _							
ADDI	PROPERTY	NAME OF OWNER	ASSESSED VALUE	AMOUNT & DATE OF LAST TAXES PAID						
16.	Income earn	ed from above pro	operty							
17.	Address	loyer								
18.	If unemploy	ed, state reason	:							

19. List all household income including government pensions, claims, judgments from lawsuits, and any other source.

Be sure to include both spouses' and occupants income. Also include contributions from outside parties that support the household. If your household income is more than the Federal Poverty Income Standards (attachment A), you are not eligible for a credit.

SOURCE OF HOUSEHOLD INCOME	ANNUAL HOUSEHOLD INCOME
Wages, salaries tips, sick, strike and sub pay, etc.	
All interest and dividend income (including non-taxable interest).	
Net rent, business or royalty income.	
Retirement pension and annuity benefits. Name of payer:	
Net farm income.	
Capital gains less capital losses.	
Alimony and other taxable income. Describe:	
Social Security, SSI or railroad retirement benefits.	
Child support.	
Unemployment comp. and TRA benefits.	
Other non-taxable income. Describe:	
Workers' comp., veterans' disability compensation and pension benefits.	
Contributions of person(s) not residing in household.	
ADC and other DSS benefits.	
TOTAL HOUSEHOLD INCOME	

spouse o	or ( savi	occupant .ngs, cr	s edi	of hou it uni	usehold on sha	, includi	ng	ed by you or y savings accour cates of depos	nts,
NAME OF FINANCIAL INSTITUTION O INVESTMENTS	)R	AMOUNT (	ON D	EPOSIT	NAME	ON ACCOUNT		VALUE OF INVESTMENT	
21. LIFE INS					olicies	held by	you,	, your spouse o	or
INSURED		OUNT OF POLICY	AMOUNT PAID MONTHLY		PAID UP POLICY	NAME OI BENEFICIA		RELATIONSHIP TO INSURED	
22. MOTOR VEHICLES IN			YEAR			LY PAYMENT		BALANCE OWED	
23. LIST ALI	. PE	RSONS LI	VII	NG IN 1	HOUSEHO	LD:	•		
LAST NAME FIRST NAME		AME A	GE	RELATIONSHIF TO CLAIMANT		PLACE OF EMPLOYMENT	7	CONTRIBUTION TO HOUSEHOLD INCOME	

24.	PERSONAL	סדיםיםת
7.4.	PERSUNAL	DEDIS

CREDITOR	PURPOSE OF DEBT	DATE OF DEBT	ORIGINAL BALANCE	MONTHLY PAYMENT	BALANCE OWED

MONTHLY EXPENSES:							
UTILITIES	FOOD	PHONE					
CLOTHING	HEAT	CAR EXPENSE					
OTHER (Specify):							

26. **OTHER ASSETS:** List all other assets and their values that are owned or controlled by you, your spouse or occupants of the household. (For example, boats, coin collection, antiques, silver).

TYPE OF ASSET	VALUE	OWNER

27.	Medical	insurance	or	HMO	premiums	you	paid	for	you	and	your
	family.										

#### REASON FOR REQUESTING EXEMPTION

**NOTICE:** Any willful misstatements or misrepresentations made on this form may constitute perjury, which, under the law, is a felony punishable by fine or imprisonment.

**NOTICE:** A copy of your latest federal income tax return, state income tax return (MI-1040) and your Homestead Property Tax Credit claim  $(MI-1040CR\ 1,2,3\ or\ 4)$  must be attached as proof of income.

The undersigned deposes and says that the statements made in the foregoing application are true and that he/she has no money, income or property other than mentioned herein.

	 Petition		
	alty of perjury the	e information containest of my knowledge.	ned on this
Signed this	day of	, 20	
Received by Assessor	s Office		
=======================================	=======================================	=======================================	=====
March to the Board  Address: 124 W. Mi	of Review of City of chigan Ave City Hall	later than the second of Lansing.	d Monday in
	======================================	=======================================	=====
For BOARD OF REVIEW use Disposition by Boar		ce	
Denied: App	roved: Asses	ssment reduced to	
Chairperson	2nd Member _	3rd Member	
Decisions may be ap	pealed to Michigan	Tax Tribunal.	

### FEDERAL POVERTY GUIDELINES FOR 2013 ASSESSMENTS

The following are federal poverty guidelines as of 12-31-12 for use in setting poverty exemption guidelines for 2013 assessment.

Size of Family Unit	Poverty Guidelines
1	\$11,170
2	\$15,130
3	\$19,090
4	\$23,050
5	\$27,010
6	\$30,970
7	\$34,930
8	\$38,890
For each additional person, add	\$ 3,960